

# MEDICAL



**From:** \_\_\_\_\_  
**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Patient:** \_\_\_\_\_  
**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_  
**Organization File No** \_\_\_\_\_  
**Medical Z File No.** \_\_\_\_\_  
**Measured By** \_\_\_\_\_ / \_\_\_\_\_

**Comments:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### Circumferences

- 4. Ankle ( malleolus )
- 5. Heel
- 6. Vault of Foot
- 7. Tarsalmetatarsal Joint
- 8. MP Joint

Right	Left

### Lengths

- 9. Foot Length
  - 10. Ankle to Under Calf
- #'s 4-9 for attached stockings*

Right	Left

### Options

#### Zipper Location

- Lateral (outside)
- Medial (inside)

Right	Left

#### Velcro Closure

- Lateral (outside)
- Medial (inside)

Right	Left

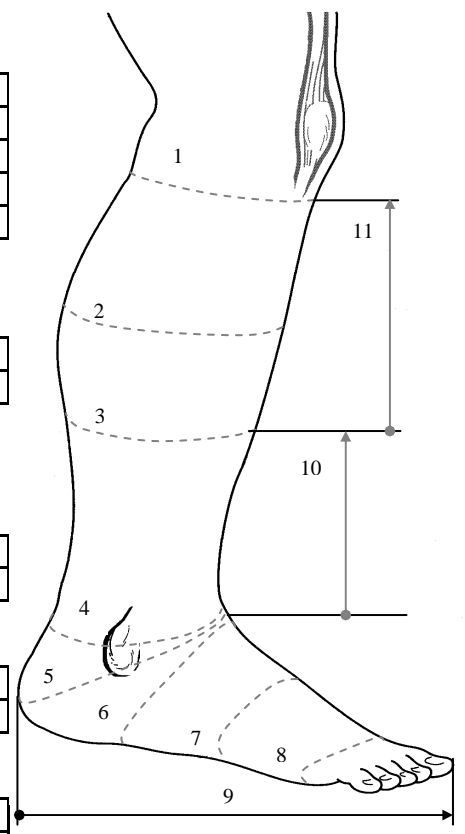
- Reinforced Heel
- Soft Toes
- Attached Stocking
- Open Toes
- Closed Toes

Right	Left

Medical "Z Grip"

Right	Left

*All measurements are in centimeters to the nearest 10th*



- Wellness
- Coolmax
- Reg. Fabric

### Circumferences

- 1. End of Support
- 2. Calf (Largest Circumference)
- 3. Under Calf (Between Calf #2 and Ankle #4)

Right	Left

Right	Left	Length
		11. Under Calf to Below Knee

### Styles

- Anklet**  
*(this garment requires #s 3-10)*
- Stocking to Knee**  
*(this garment requires #s 1-11)*
- Stocking to Thigh**  
*( this garment requires #s 4-9)*  
*PLUS (3, 8, 9 along with 10-13 of the Waist Height Form)*

**Color**

**Note** \_\_\_\_\_  
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